

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587799

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12		1				
13	1					
14		1				
15						
16						
17						
18						
19	1					
20		1				
21						
22						
23		1				
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46						
47						
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	21	←	←	←	←	←
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						